Fill in thi	is informatio	n to identify your	case:						
Debtor 1	С	hristopher M Sh	earer						
	Fir	st Name	Middle Na	me	Last Name				
Debtor 2		edra C Shearer	Middle No		Loot Nome				
(Spouse if, f	filing) Fil	st Name	Middle Na	me	Last Name				
United St	tates Bankrup	otcy Court for the:	MIDDLE DIS	TRICT OF PENN	SYLVANIA				
Case nur	mher 5.17	hk 01077							
(if known)	3:17-	·bk-01877		-				√	Check if this is an
								¥	amended filing
	I Form 10								_
Sched	lule E/F:	Creditors W	/ho Have	<u>Unsecured</u>	Claims				12/15
any execut Schedule (Schedule I left. Attach name and	tory contracts G: Executory (D: Creditors W n the Continua case number (or unexpired leases Contracts and Unexp ho Have Claims Sec tion Page to this pag if known).	that could resu pired Leases (Off pured by Propert ge. If you have n	It in a claim. Also li ficial Form 106G). D y. If more space is o information to rep	st executory contracts to not include any cred needed, copy the Part	s on Sche ditors with you need,	dule A/B: Prop n partially secu , fill it out, num	erty (Off red clain ber the	claims. List the other party to ficial Form 106A/B) and on ms that are listed in entries in the boxes on the dditional pages, write your
Part 1:		our PRIORITY Ur							
	ny creditors ha o. Go to Part 2.	ve priority unsecure	a ciaims agains	t you?					
	o. Go to Part 2. es.								
Part 2:		our NONPRIORIT	Y Unsecured	Claims					
		ve nonpriority unsec							
	•		_	•	vaur athar achadulas				
		tning to report in this p	oart. Submit this f	orm to the court with	your other schedules.				
₩ Ye	es.								
unsec	cured claim, list one creditor hol	the creditor separately	y for each claim.	For each claim listed		aim it is. D	o not list claims	already	than one nonpriority included in Part 1. If more the Continuation Page of
ADD C	CREDITO	R:							Total claim
4.1	NCB Manag	ement Services	Inc	Last 4 digits of acc	ount number				\$1.00
	Nonpriority Cred		, 1110	Luci 4 digito oi doo			_		Ψ1.00
	One Allied I			When was the debt	incurred?				
		Trevose, PA 19 City State Zlp Code		As of the date you	file, the claim is: Check	all that ar	anly		
		he debt? Check one.		As of the date you	ine, the claim is. Oneor	c all triat ap	Эріу		
	Debtor 1 onl	у		Contingent					
	Debtor 2 onl	у		Unliquidated					
1	✓ Debtor 1 and	d Debtor 2 only		Disputed					
	At least one	of the debtors and an	other	Type of NONPRIOR	ITY unsecured claim:				
	Check if thi	s claim is for a com	munity	Student loans					
	lebt o the eleim cul	oject to offset?		Obligations arisir report as priority clai	ng out of a separation ag	greement o	or divorce that y	ou did n	ot
_	v No	oject to onset?			or profit-sharing plans,	and other	similar debts		
L.	<u>V</u> 110				Credit Card - debt			st	
Statute of Limitations (ORIGINAL Yes Other. Specify CREDITOR: Beneficial Financial, Inc.)									
Part 3:	List Others	to Be Notified Ab	out a Debt Th	at You Already L	isted				
is trying have mo	to collect fro ore than one c	m you for a debt you	owe to someor debts that you	e else, list the origilisted in Parts 1 or	nal creditor in Parts 1	or 2, then	list the collec	tion age	Imple, if a collection agency Incy here. Similarly, if you additional persons to be
Part 4:	Add the Ar	nounts for Each T	ype of Unsecu	ıred Claim					
	e amounts of unsecured cla		ecured claims. T	his information is f	or statistical reporting	purposes	s only. 28 U.S.0	C. §159.	Add the amounts for each
	_	Damasti	ah Baad e		-		Total Claim		
	6a.	Domestic support	obligations		6a.	\$		0.	00_
Official For	m 106 E/F		Schedule E	/F: Creditors Who F	lave Unsecured Claims	S			Page 1 of 2
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Debtor 1 Cl Debtor 2 Fe		ner M Shearer Shearer	Case number (if know)		5:17-bk-01877	
Total claims						
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00	
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00	
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00	
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00	
Total	6f.	Student loans	6f.	Total	Claim 0.00	
claims from Part 2	6g. 6h.	you did not report as priority claims		\$ 	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	1.00	

6j. Total Nonpriority. Add lines 6f through 6i.

1.00